		ATT AND	r e nen	CATE CAT	TO OT A D	· ·		SEBIAL	n <sup>N</sup> / N /	99	<u>40</u>	FILING	MÂŤ	2002	
1	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								10/049940 20 MAY 200 APPLICANT(S)						
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